

U.S. Department of Justice  
United States Marshals ServicePROCESS RECEIPT AND RETURN  
See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form

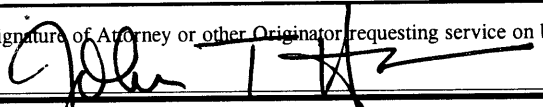
(5)

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		COURT CASE NUMBER 2:05CR150-C
DEFENDANT RONNIE GRISSETT and BEULAH GRISSETT d/b/a GRISSETT GROCERY		TYPE OF PROCESS FINAL ORDER OF FORFEITURE
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>COVINGTON COUNTY JUDGE OF PROBATE</b>	
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) Covington County Courthouse - Court Square One, Andalusia, Alabama 36420	

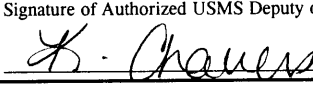
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	1
John T. Harmon United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

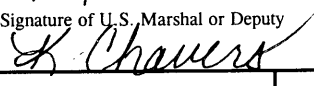
CATS # 05-DEA-459655

Signature of Attorney or other Originator requesting service on behalf of : 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 07/28/06
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. <u>2</u>	District to Serve No. <u>2</u>	Signature of Authorized USMS Deputy or Clerk 	Date <u>7/31/06</u>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)				Date of Service <u>8/18/06</u>	Time <u>2:15</u> <u>pm</u>
				Signature of U.S. Marshal or Deputy 	
Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors)	Forwarding Fee <u>8.00</u>	Total Charges <u>53.00</u>	Advance Deposits	Amount Owed to US Marshal or Amount or Refund

REMARKS: 8/1/06 C.M. # 70011140 0001 8579 6981  
8/18/06 Received green Card + recorded Copies RETURNED AND FILED

AUG 21 2006

PRIOR EDITIONS MAY  
BE USEDFORM USM 285 (Rev. 12/15/80)  
U.S. DISTRICT COURT  
MIDDLE DIST. OF ALA.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <i>Jackie White</i> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div>	
1. Article Addressed to:  Covington County Judge of Probate P.O. Drawer 789 Andalusia, AL 36420	B. Received by (Printed Name) <i>Jackie White</i> C. Date of Delivery <i>8-3-06</i>	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
7001-1140 0001 8579 6981	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540